

Malinda Brown

## CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908	Month July	Year 8	Months	Days
Sex Female	Color or Race White	Birth-place Md		
Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Archibald Brown	Father's Birthplace Md		
Father's Name do not know	Mother's Birthplace Md			
Mother's Maiden Name do not know	Mother's Birthplace Md			
Name of person giving Information Maurine Selby	How related to deceased Nephew			

## CAUSES OF DEATH

64

How long

How long

6 days

PHYSICIAN  
OR CORONER

Primary

Cerebral hemorrhage

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. G. Stachol  
Howard C  
Md

Dayton

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Eek Ridge</u>			County <u>Howard</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>4</u>	Age <u>0</u>	Years <u>0</u>	Months <u>3</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Baltimore</u>					
Occupation <u>—</u>	Where Residing if not at place of death <u>538 W. Preston St. Balt.</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Bernard L. Calbeck</u>						Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Anne Elizabeth Butler</u>						Mother's Birthplace <u>Maryland</u>	
Name of person giving information <u>Bernard L. Calbeck</u>						How related to deceased <u>Father</u>	

#### CAUSES OF DEATH

105

**PHYSICIAN  
OR CORONER**

### Primary

## Entos Coitii

## Homework

3 weeks

### Immediate

## Sanitation - Excretion

How long

4 or 5 days.

## Immediate Transition - Exhaustion

Are the name, age, sex, color, date  
and place correctly given above

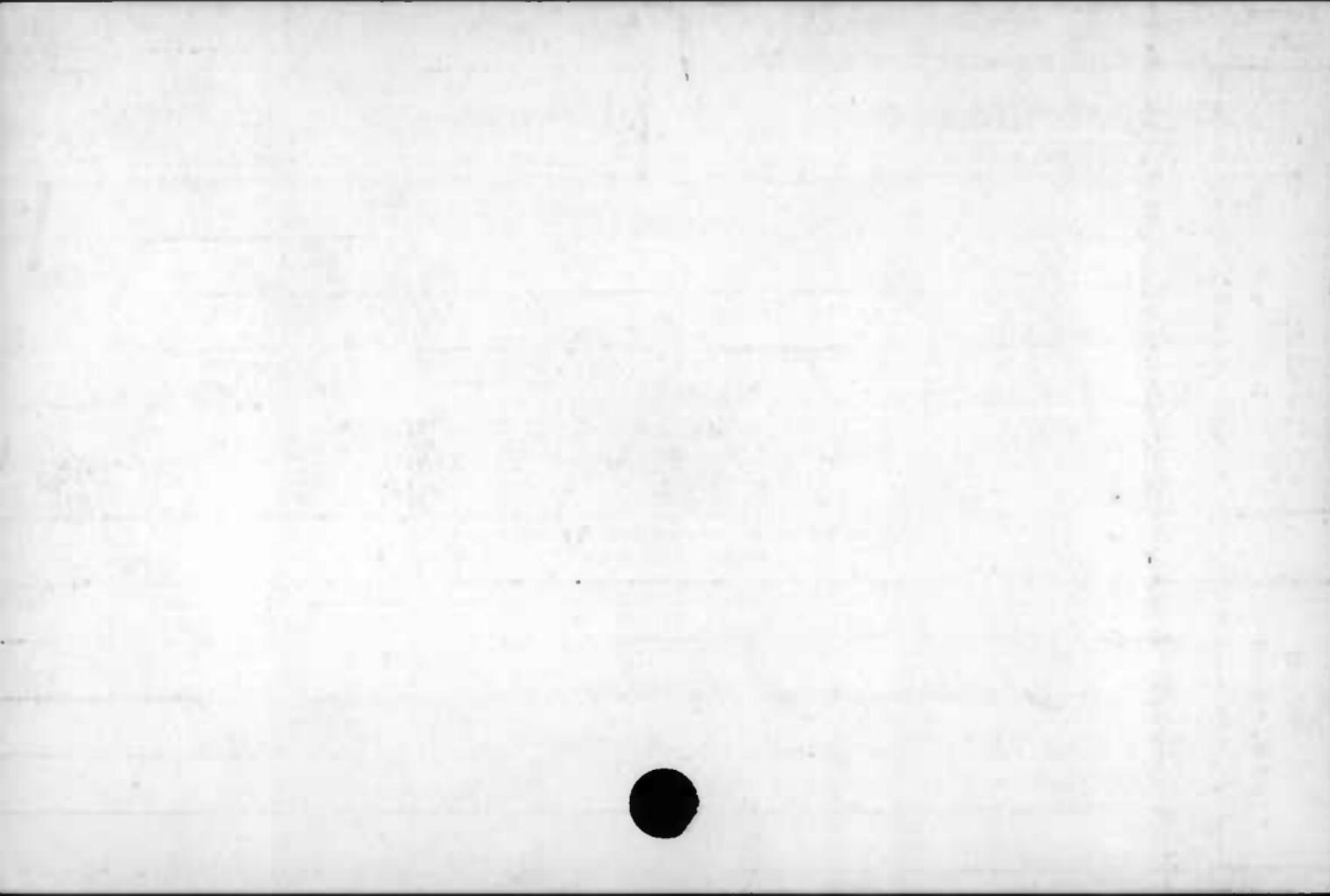
Signature of  
Physician

### Address

Mr. Easton

Eek Ridge

### Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months
Sex	male	Color or Race	Age	1	Days
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	Birthplace			
Father's Name	John Cavan	Birthplace			
Mother's Maiden Name	Francis Bunting (deceased)	Birthplace			
Name of person giving Information	Harry Cavan	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marsasmus

Immediate

Enteritis & Conv

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide?

Signature of  
Physician

Address

105

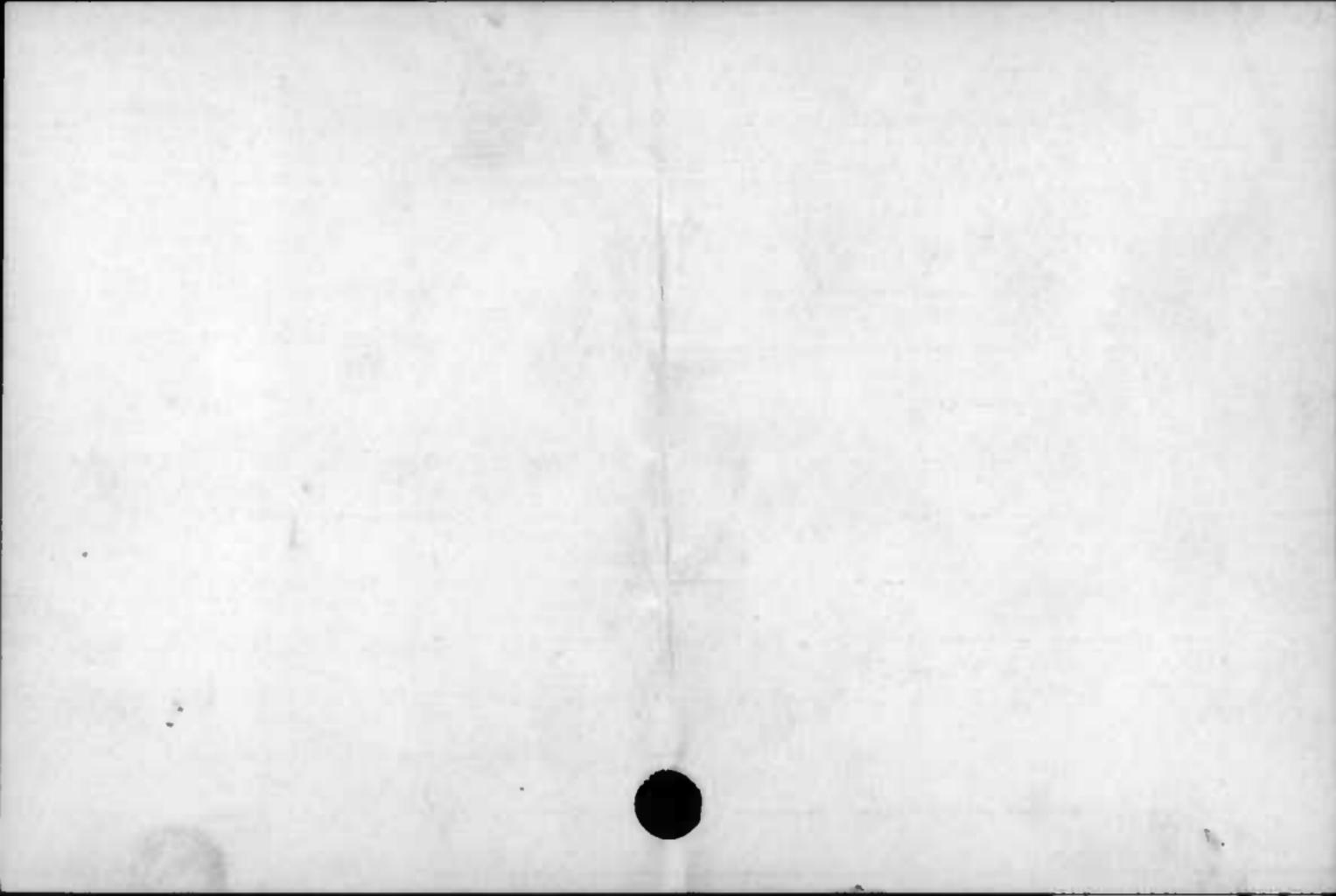
How long

all day

How long

1 week

R. J. Triplett  
Brand



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ezra Siluore Worsey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month July	Day 2	Age 35 yrs	Months	Days	
Sex	male	Color or Race	white	Birth-place	Howard Co. Md		
Occupation	Laborer		Where Residing if not at place of death	Columbus Crockett's			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Ferdinand Worsey		Father's Birthplace	Cardi Corle			
Mother's Maiden Name	Sarah (Ainsworth)		Mother's Birthplace	Unknown			
Name of person giving information	J. W. Wafield		How related to deceased	210 relative			

CAUSES OF DEATH

27

How long

about 2 years

How long

Primary Tuberculosis.

Immediate Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

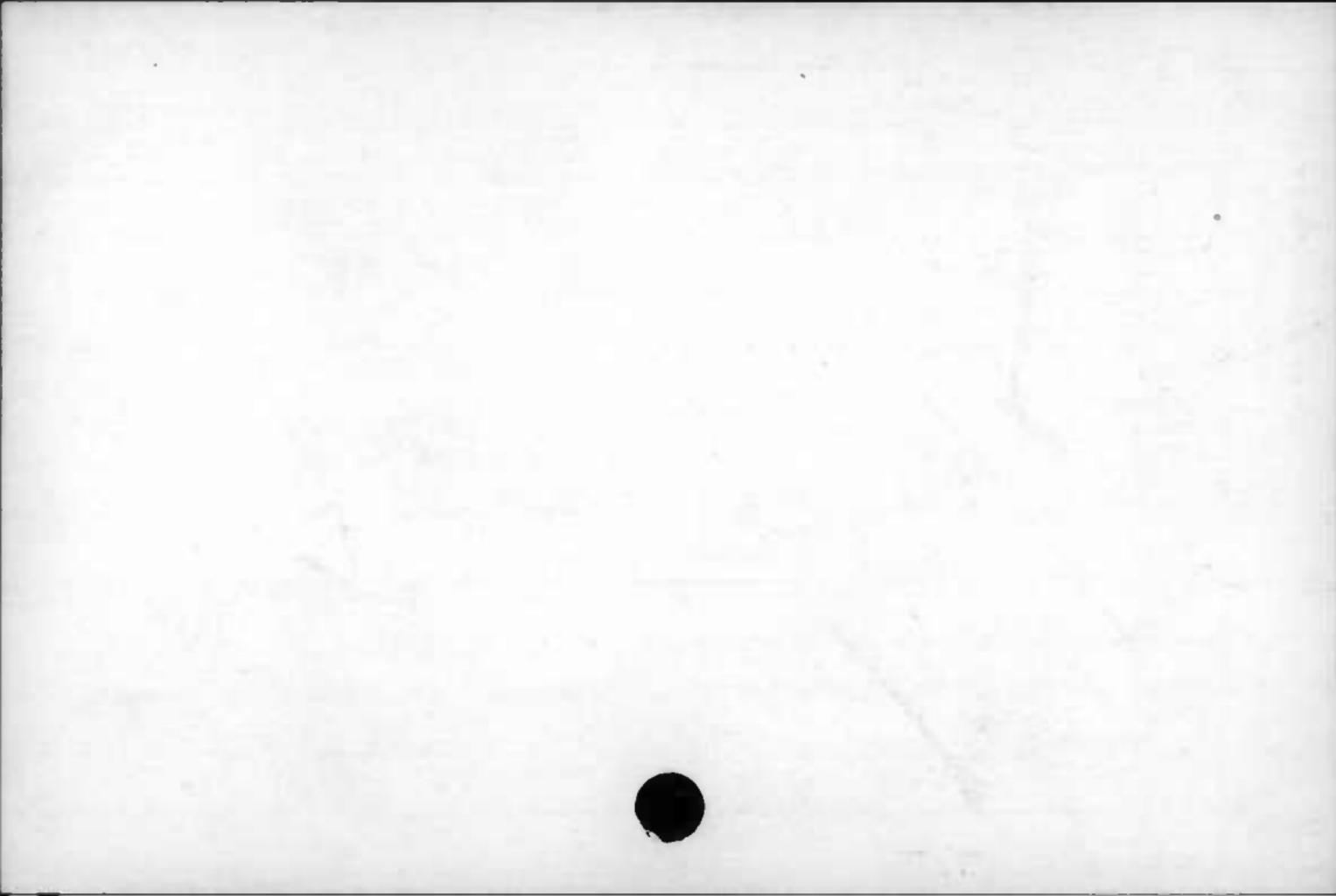
Address

R. O. W. Wafield

Lisbon

Howard Co. Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

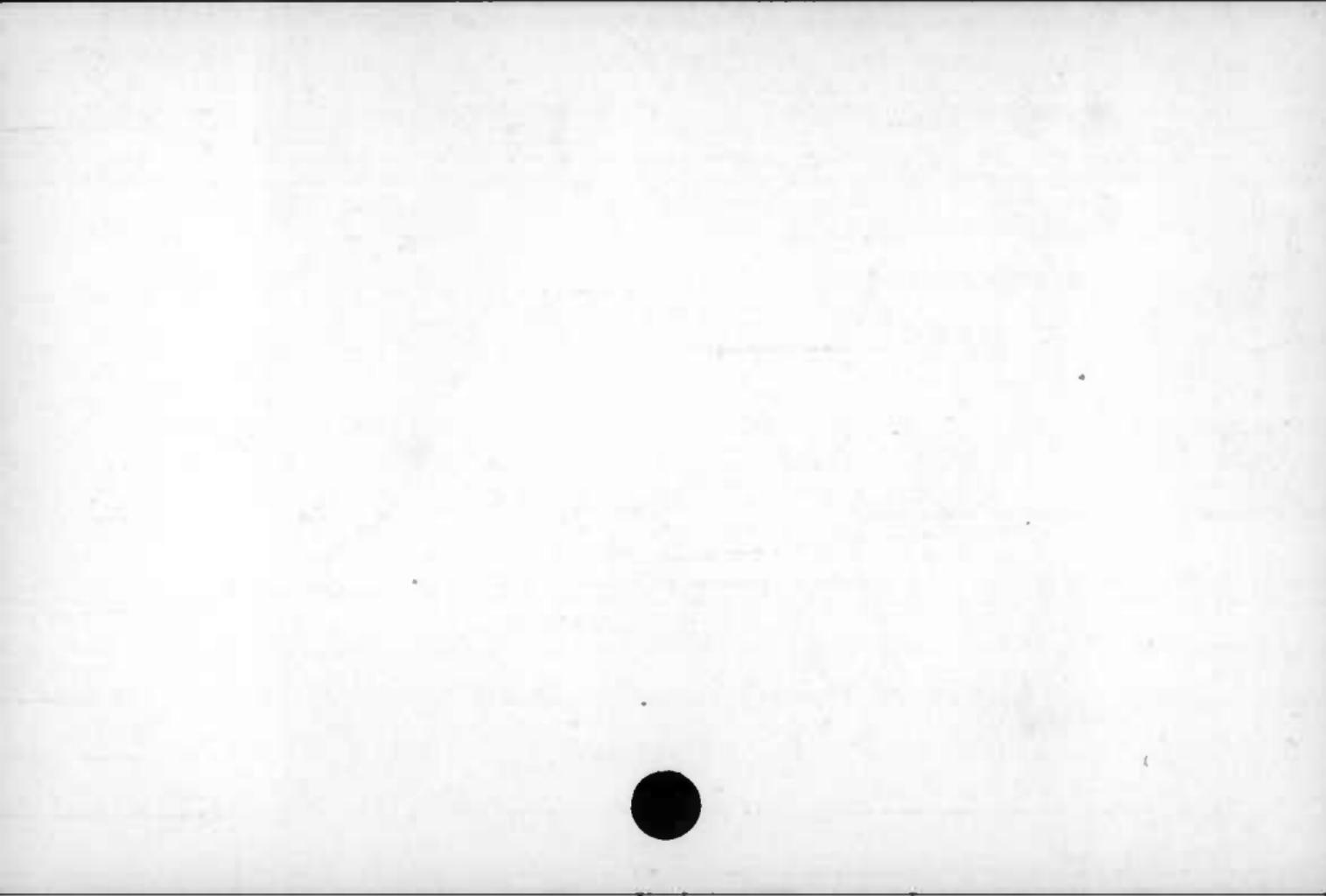
Died at <u>near Bethesda</u>		Town <u>Howard</u>	County	MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>4</u>	Years <u>24</u>	Age <u>24</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Md.</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				Father's Birthplace <u>Md.</u>	
Father's Name <u>Henry Giffin</u>				Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Elizabeth Ridgley</u>				How related to deceased <u>none</u>		
Name of person giving information <u>Basil R. Iglehart</u>						

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Mitral Regurgitation</u>	How long <u>About 5 yrs</u>
Immediate <u>Cardiac Paralysis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/> Accident or Suicide?	Signature of Physician <u>Wm. Blaumbill</u> Address <u>Ellicott City, Md.</u>



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Loyava Hardy  
Town: Clarksburg  
County: Howard

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1908	July	13	Age 83	5	
Sex Female	Color or Race	White	Birth-place	Md	
Occupation Housewife	Where Residing if not at place of death			Clarksburg	
Married, Single or Widowed Widow	Name of Wife or Husband	Wm H. Hardy	Father's Birthplace	Md	
Father's Name Thomas Spears	Mother's Maiden Name	Virginia Spears	Mother's Birthplace	Md	
Name of person giving information Sybil Kimp	How related to deceased			Granddaughter	

CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary

Hypostatic Pneumonia

How long  
5 days

Immediate

Distraction

How long

Are the name, age, sex, color, date and place correctly given above?

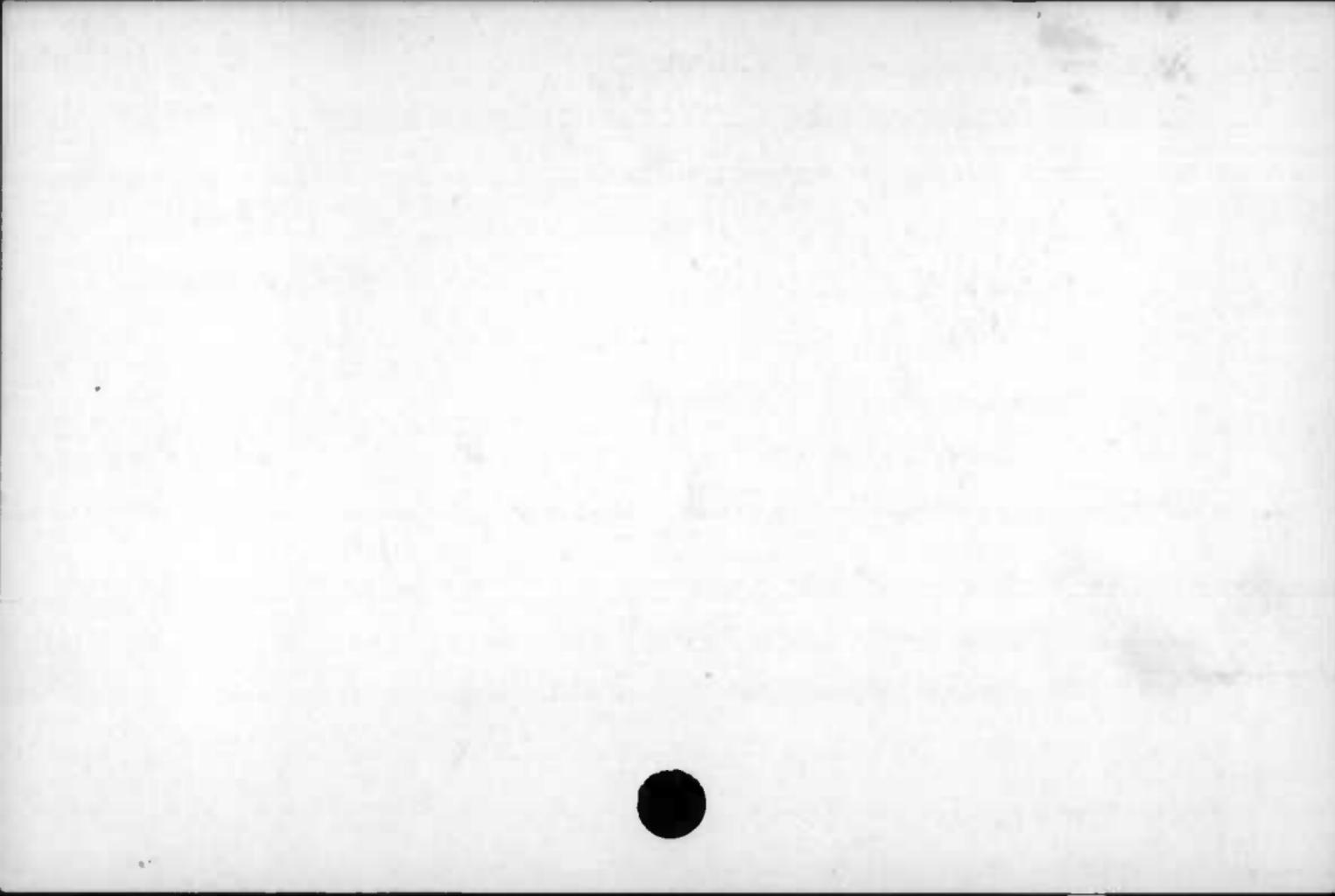
Yes

Signature of Physician

Address

J. A. Stachols  
Dayton Md

Accident or Suicide?



Name  
in  
Full

Mary E. Harriday

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Town Brooksville  
Date of death Month Day Years Months Days  
1908 July 1 7. 9. 5  
Sex Female. Color or Race Negro. Birth-place Md.  
Occupation None. Where Residing if not at place of death at home.

Married, Single or Widowed W Name of Wife or Husband

Father's Name Chas. A. Harriday Father's Birthplace Md.

Mother's Maiden Name Annie Worthington Mother's Birthplace Md.

Name of person giving information Chas. A. Harriday. How related to deceased Father.

CAUSES OF DEATH

33

Primary Glandular Tuberculosis. How long About 5 years.

Immediate General toxæmia from above. How long About three months

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

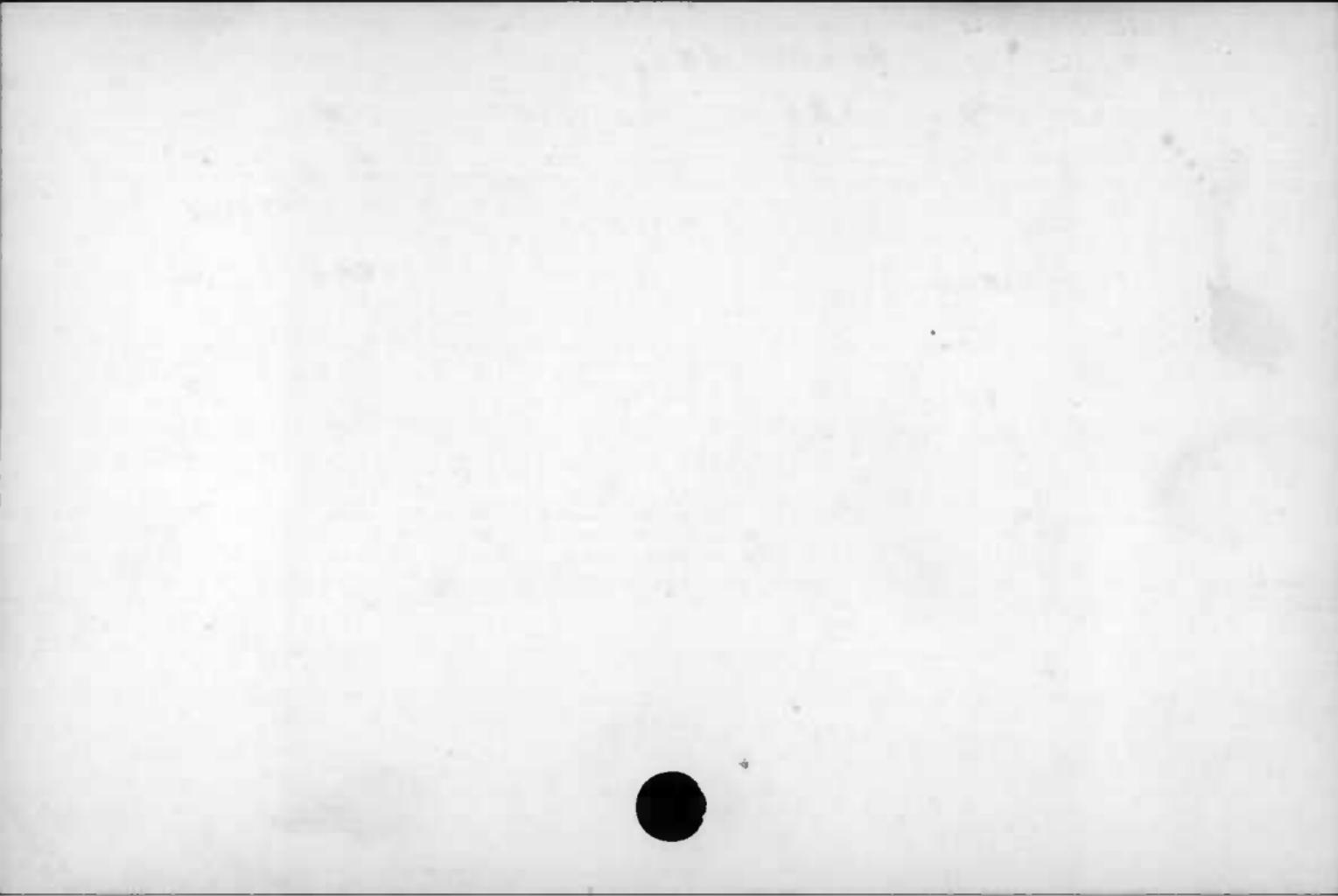
Address

J. W. Lacy.  
Lisbon.

Md.

PHYSICIAN  
OR CORONER

Accident or Suicide? W



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Wm. J. Baushaw

CERTIFICATE OF DEATH

Died at <u>Ellicott City</u>		Town <u>Ellicott City</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>28</u>	Years <u>—</u>	Age <u>—</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md.</u>			
Occupation <u>no</u>	Where Residing if not at place of death <u>Ellicott City</u>						
Married, Single or Widowed <u>no</u>	Name of Wife or Husband <u>no</u>				Father's Birthplace <u>North Baltimore</u>		
Father's Name <u>George Baushaw</u>					Mother's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Elizabeth Barnes</u>					How related to deceased <u>Father</u>		
Name of person giving information <u>George Baushaw</u>							

CAUSES OF DEATH

151

How long

How long

PHYSICIAN  
OR CORONER

Primary

Marasmus

Immediate

Exhaustion

6 wks

Progression

Are the name, age, sex, color, date and place correctly given above?

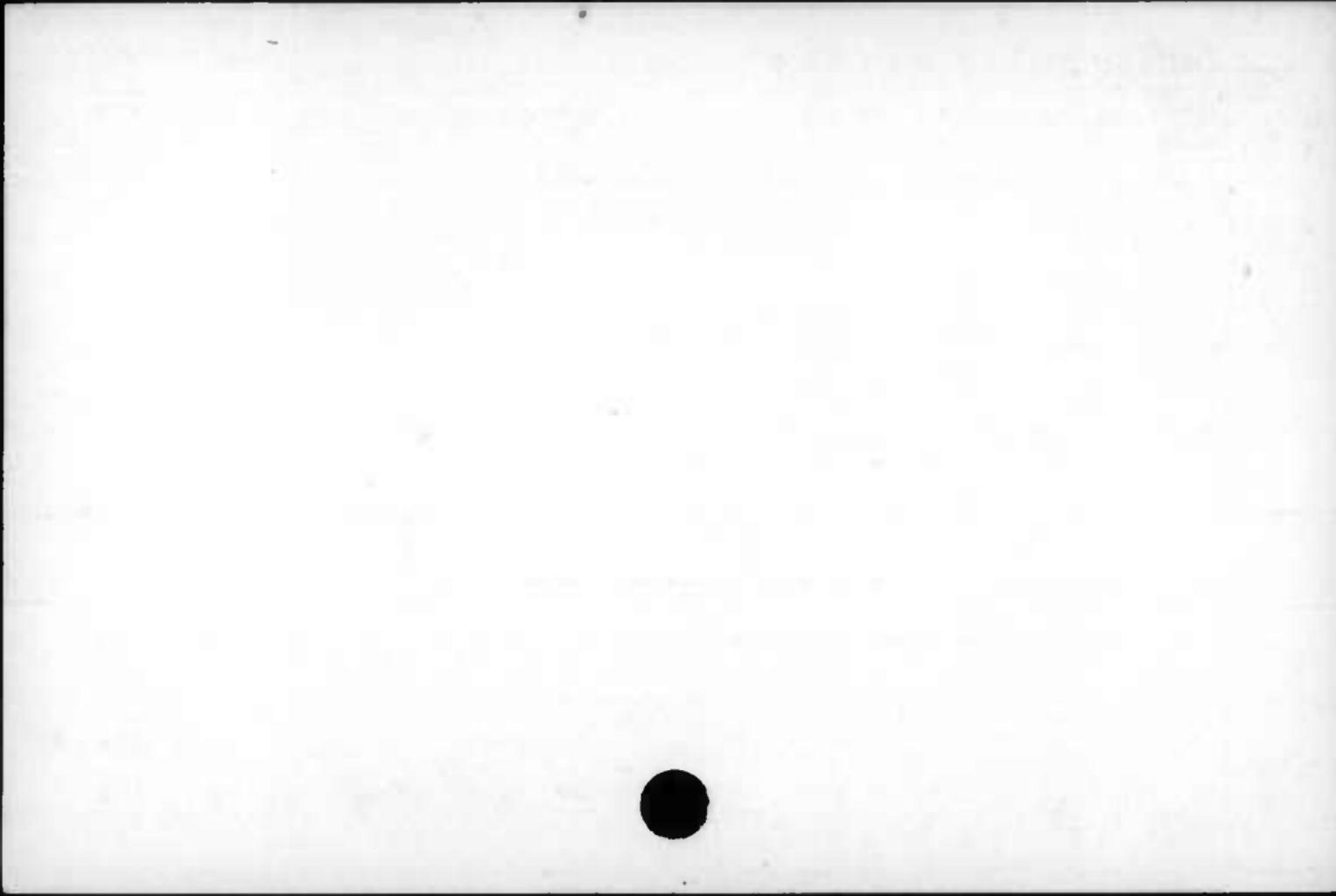
Signature of Physician

W. C. Sloane

Address

Ellicott City

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Henry Reys.

CERTIFICATE OF DEATH

Died at Elliott City		County Howard		MARYLAND		
Date of death 1908	Month July	Day 10	Years 90	Months 6	Days 20	
Sex Male	Color or Race colored	Birth-place Maryland				
Occupation house	Where Residing if not at place of death Elliott City					
Married, Single or Widowed Single	Name of Wife or Husband house					
Father's Name Henry Reys	Father's Birthplace Maryland					
Mother's Maiden Name Rebecca Briscoe	Mother's Birthplace Maryland					
Name of person giving information Henry Reys.	How related to deceased Father					

CAUSES OF DEATH

105

How long

How long

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

One Day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

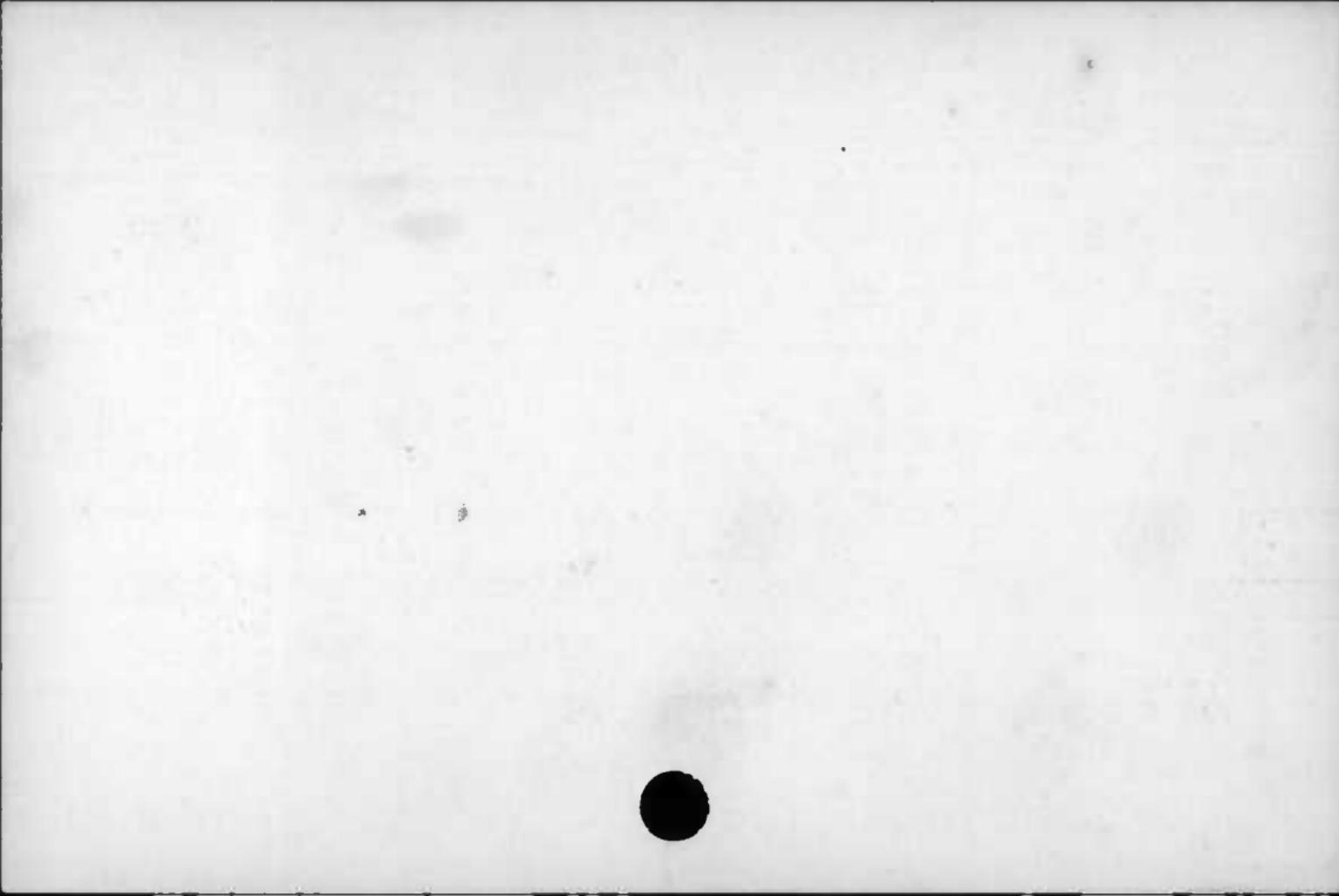
Signature of Physician

Address

Gilton H. Easter, Undertaker

Elliott City

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at near Rockville 4 miles Howard Co Town Howard Co County

Date of death 1908 Month July Day 31 Years 73 Months 6 Days 16  
Sex Male Color or Race white Birth-place Howard Co

Occupation Farmer Where Residing if not  
at place of death

Married, Single  
& Widowed widower Name or Wife or Husband Mary Louise Clark

Father's Name Worthy W. Linton

Father's Birthplace Howard Co

Mother's Maiden Name Mary F. West

Mother's Birthplace Howard Co

Name of person giving information Mrs. Burns

How related to deceased Daughter

CAUSES OF DEATH

40

Primary

Consumption of Stomach

in months.

Immediate

Exhaustion

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

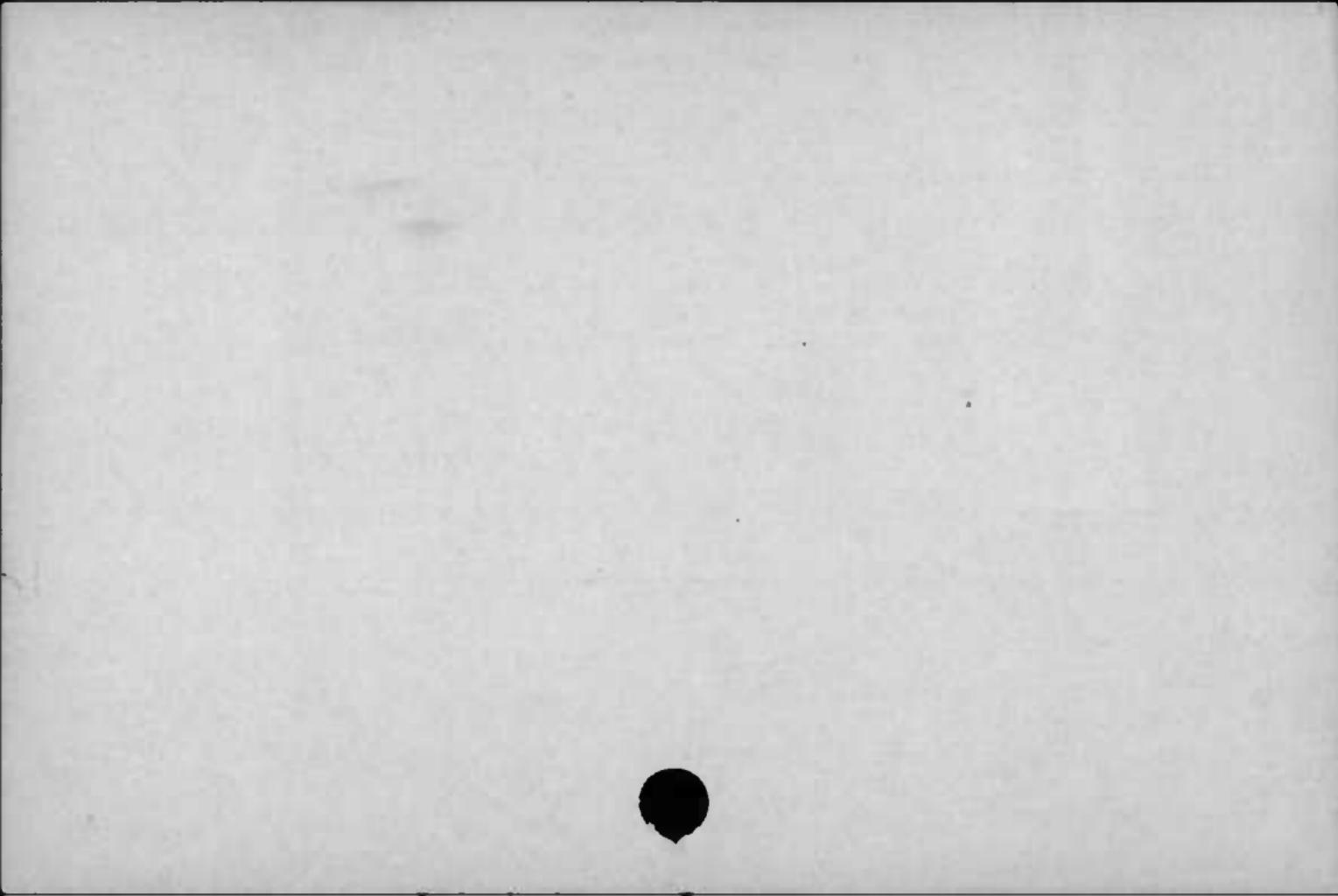
yes

Signature of  
Physician

Address

J. Walter Sime M.D.  
Glennwood

Accident or Suicide?



Name  
in  
Full

George Lynn

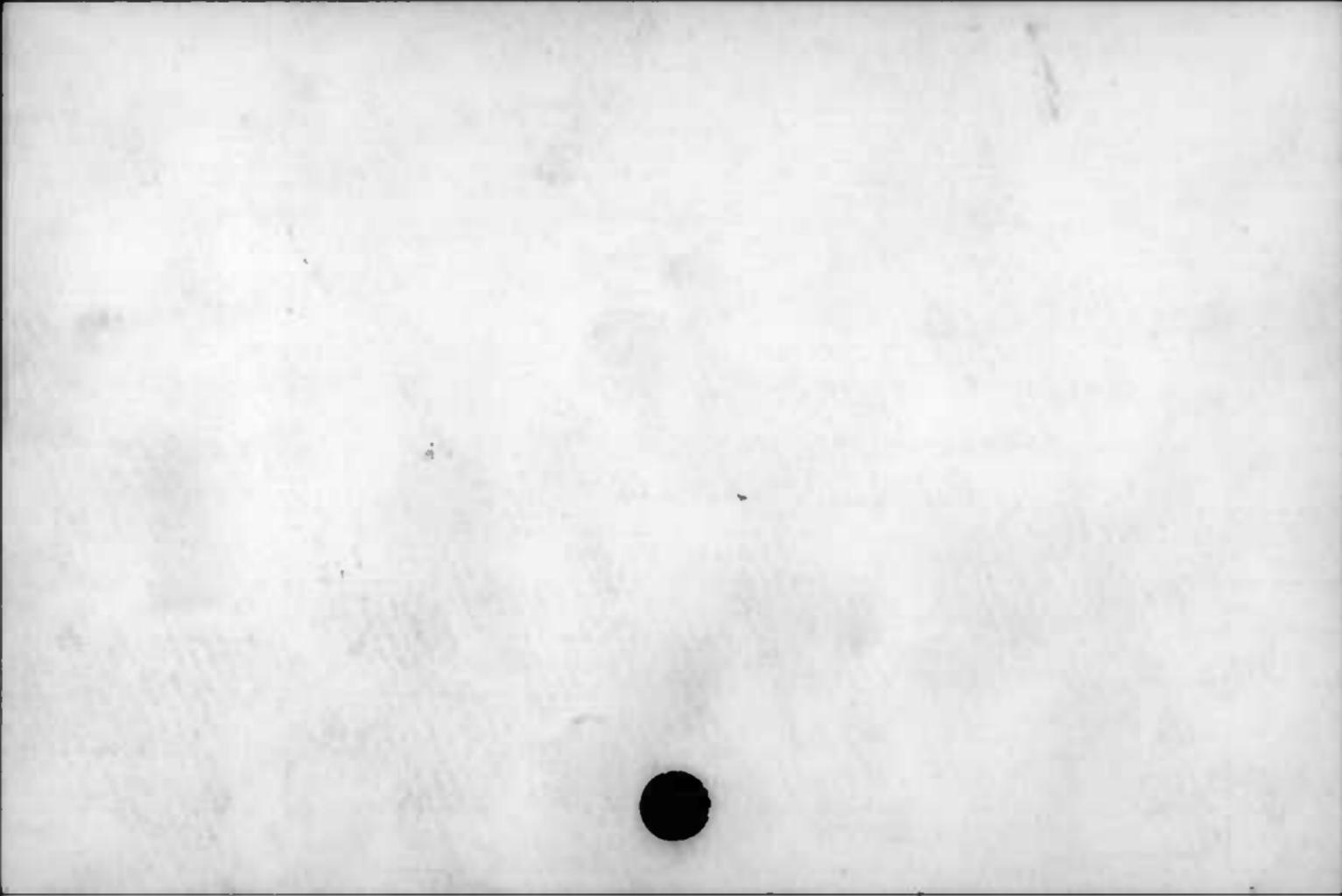
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Elliott City		Town	County Howard		MARYLAND	
Date of death 1908	Month July	Day 20	Years 58	Age	Months	Days
Sex Male	Color or Race Colored	Birth-place Maryland				
Occupation Labor	Where Residing if not at place of death Columbia					
Married, Single or Widowed Married	Name of Wife or Husband Rachel Lynn					
Father's Name	Father's Birthplace dont know					
Mother's Maiden Name	Mother's Birthplace dont know					
Name of person giving information Daniel Lynn	How related to deceased Son					
CAUSES OF DEATH						
Primary	64					
Immediate	3 days					
Are the name, age, sex, color, date and place correctly given above?						
Yes						
Signature of Physician						
Address						

PHYSICIAN  
OR CORONER

Beretne Henningsen		How long 3 days				
Alma		How long 3 days				
Are the name, age, sex, color, date and place correctly given above?						
Yes						
Signature of Physician						
Address						
Accident or Suicide?						



Name  
in  
Full

not named Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	alpha	Town	County	MARYLAND	
Date of death	1908	Month	Day	Years	Months Days
Sex	Female	Color or Race	colored	Birth-place	at alpha and
Occupation	Where Residing if not at place of death				

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Eugene Nichols

Father's Birthplace

Howard Co Md

Mother's Maiden Name

Gennie Conway

Mother's Birthplace

Howard Co Md

Name of person giving information

Eugene Nichols

How related to deceased

Father "

CAUSES OF DEATH

Primary

Congenital Hydrocephalus

150

Hour Long

2 months & 7 days

Immediate

Coma

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

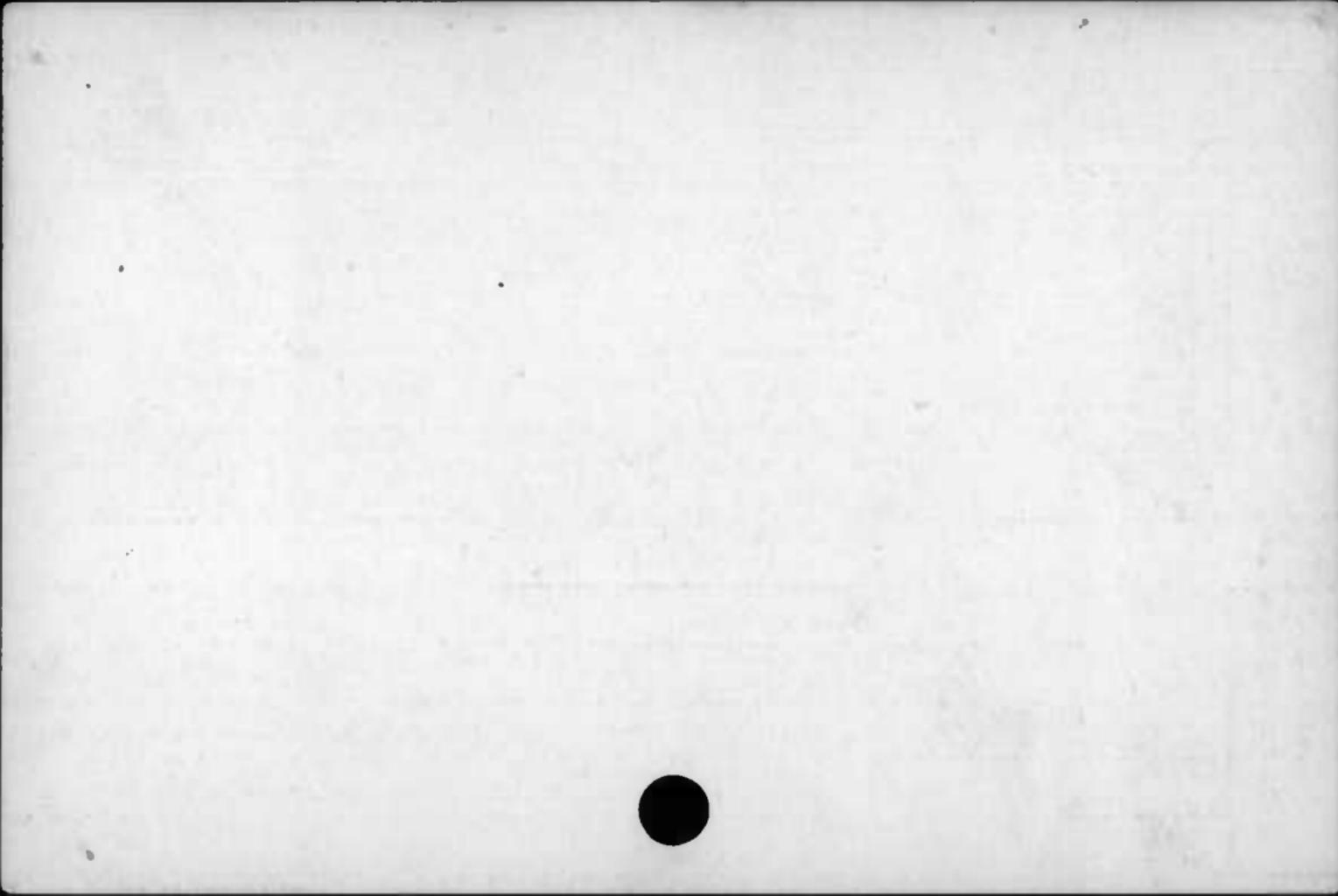
Benj. F. Shuply M.D.

Address

alpha

Howard Co Md

Accident or Suicide?



Name  
in  
Full

Henry A. Penny

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	47	9	27	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Lieu				
Father's Name	Henry A. Penny	Father's Birthplace	Md			
Mother's Maiden Name	Elizabeth R. Clark	Mother's Birthplace	Md			
Name of person giving information	William E. G. Penny	How related to deceased	Brother			

CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary

Gennae Subarachnoid

How long

Several years

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

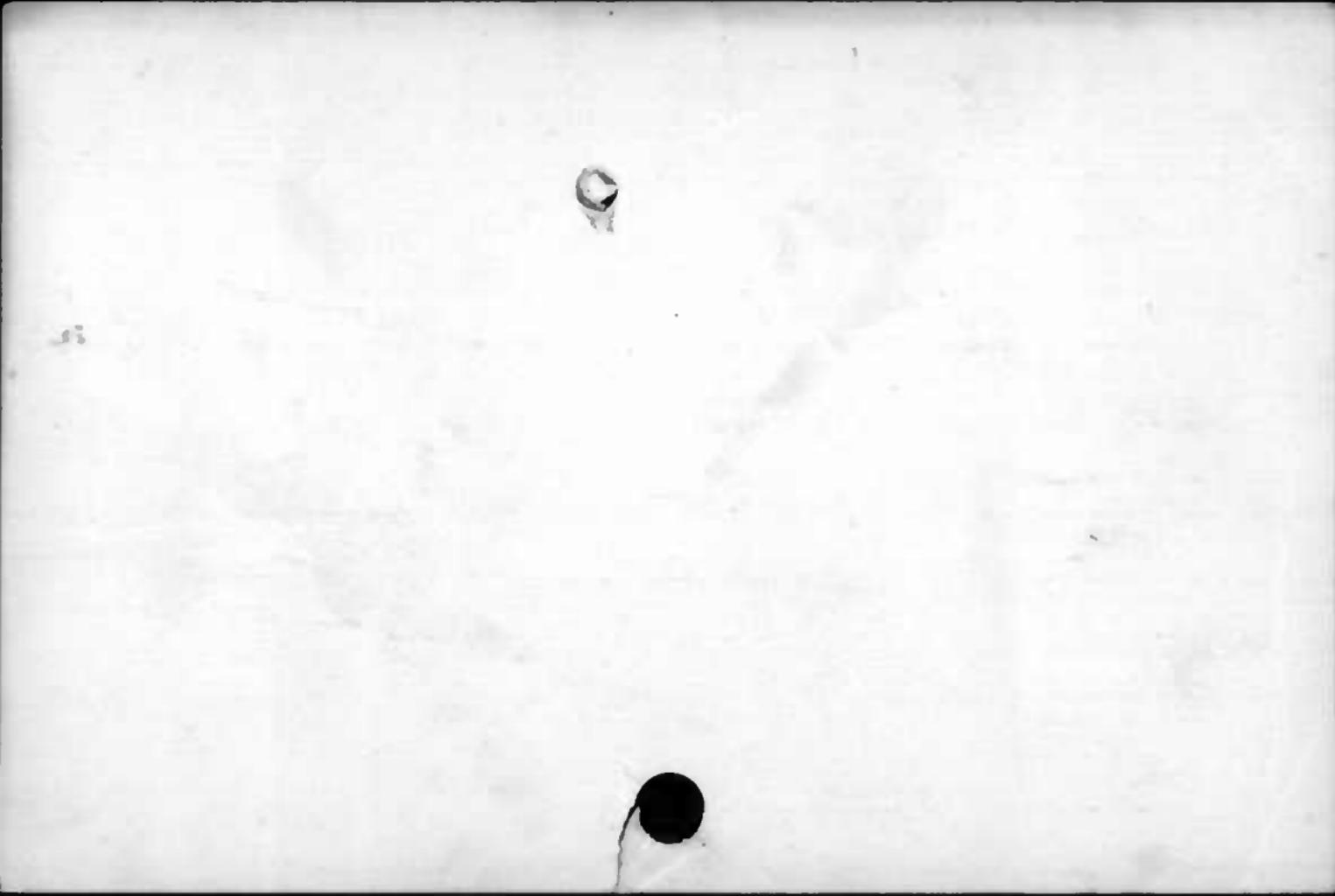
Address

Mr. Leitchum and Savage

Accident or Suicide?

With

Md



Name  
in  
Full

Mildred Rosalie Rice

CERTIFICATE OF DEATH

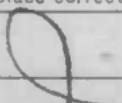
To BE ANSWERED BY  
NEAREST FRIEND

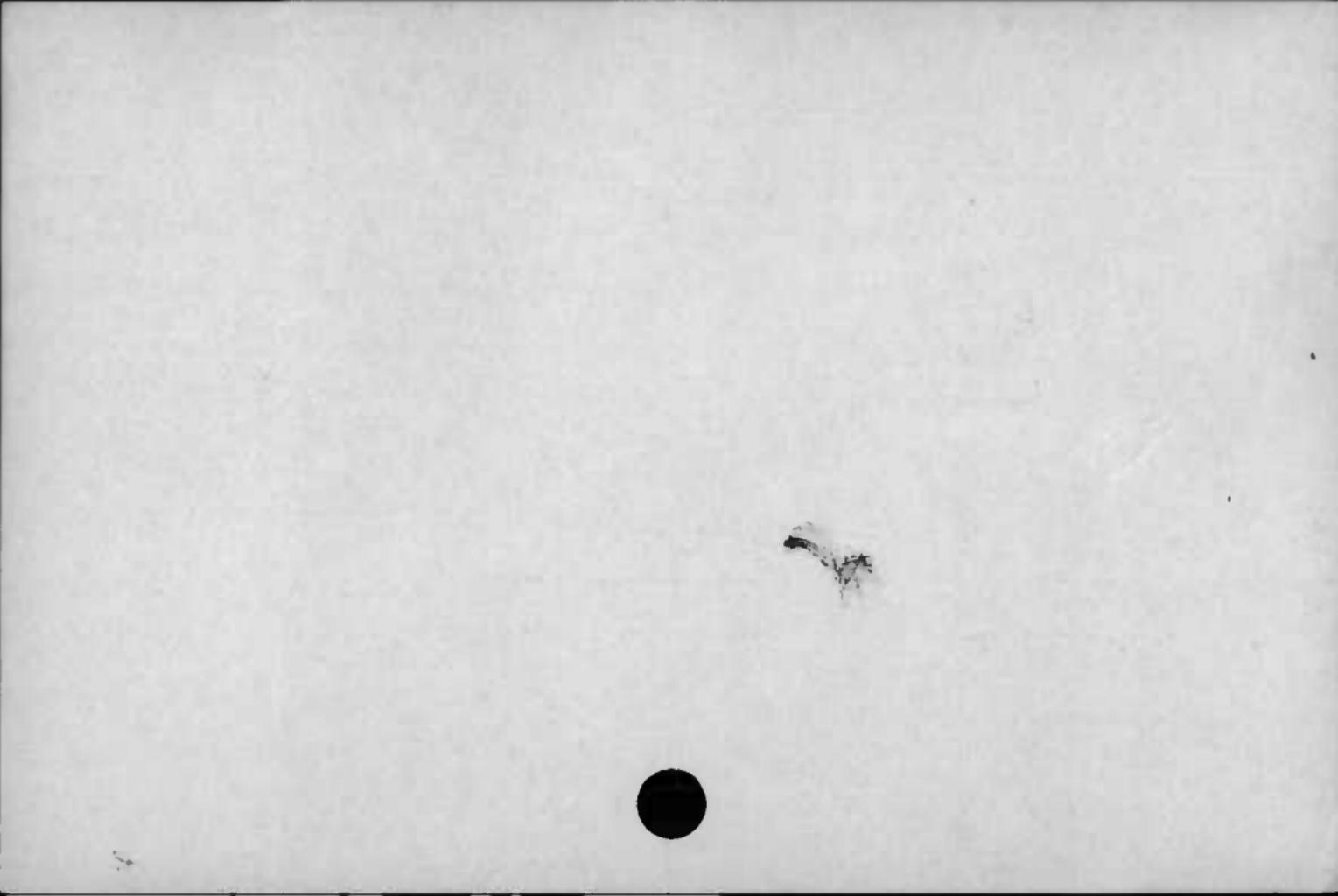
Died at	Town		County		MARYLAND	
Date of death	1908	Month July	Day 8	Years	Months 8	Days 4
Sex	Female		Color or Race	White		Birth-place MD
Occupation	Infant		Where Residing if not at place of death			Savage
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Patrick Rice		Father's Birthplace MD			
Mother's Maiden Name	Lily E. O'Brien		Mother's Birthplace MD			
Name of person giving information	Minnie Rice		How related to deceased			Aunt

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	Intravascular Hemolysis		1 month
Immediate	Exhaustion		How long progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?	Minnie Rice Savage MD		



Name  
in  
Full

Kate Ross

CERTIFICATE OF DEATH

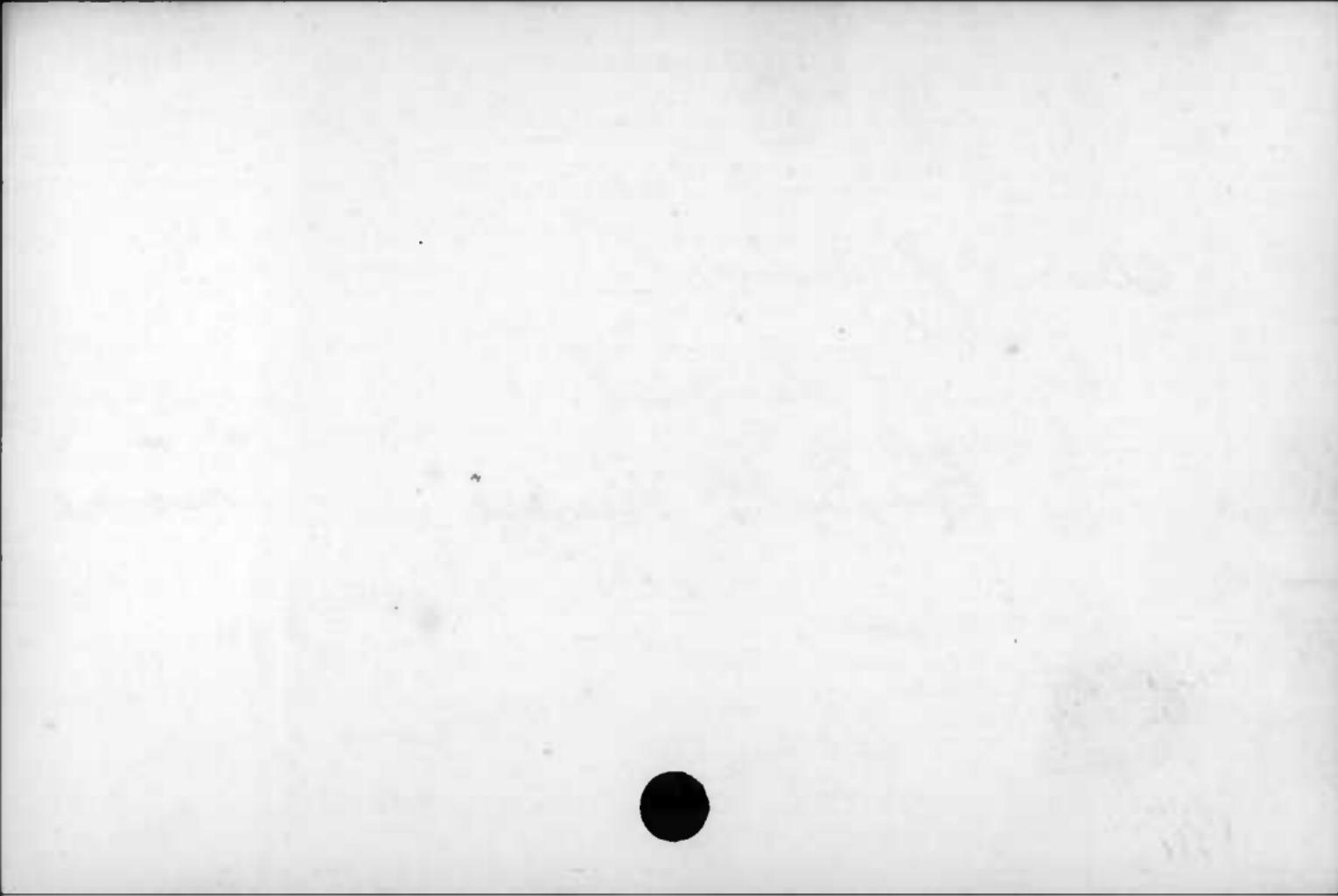
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Near Elliott City		Howard	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Domestic					
Married, Single or Widowed	Single					
Father's Name	Peter Ross					
Mother's Maiden Name	Henrietta Murphy					
Name of person giving information	Josephine Roberts					

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		64	How long
Immediate	Cardiac asthma Pulmonary edema		3 days	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		—	Frank A. Miles 745- Elliott City Md	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Augustine Seibert

Died at

Town

Baltimore

County

Howard

MARYLAND

Date

of death

1908

Month

July

Day

14

Years

27

Months

1

Days

18

Sex

Male

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

Student of Theology

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Edward Seibert

Father's  
Birthplace

Pennsylvania

Mother's  
Maiden Name

Christina Stahl

Mother's  
Birthplace

" " "

Name of person giving  
Information

Rev. Paul F. Huber

How related  
to deceased

none

CAUSES OF DEATH

27

How long

3 yrs

4 weeks

Primary

Tuberculosis

Immediate

Exhaustion

Signature of  
Physician

Th. Bonner, M.D.

Address

Ellwood City

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Accident or Suicide?



Name  
in  
Full

Edward Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Glechester</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>12</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Glechester</u>				
Married, Single or Widowed <u>Singl</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Edward Smith</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Hattie Turner</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Edward Smith</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

8

Primary Whooping. cough

How long

6 weeks.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

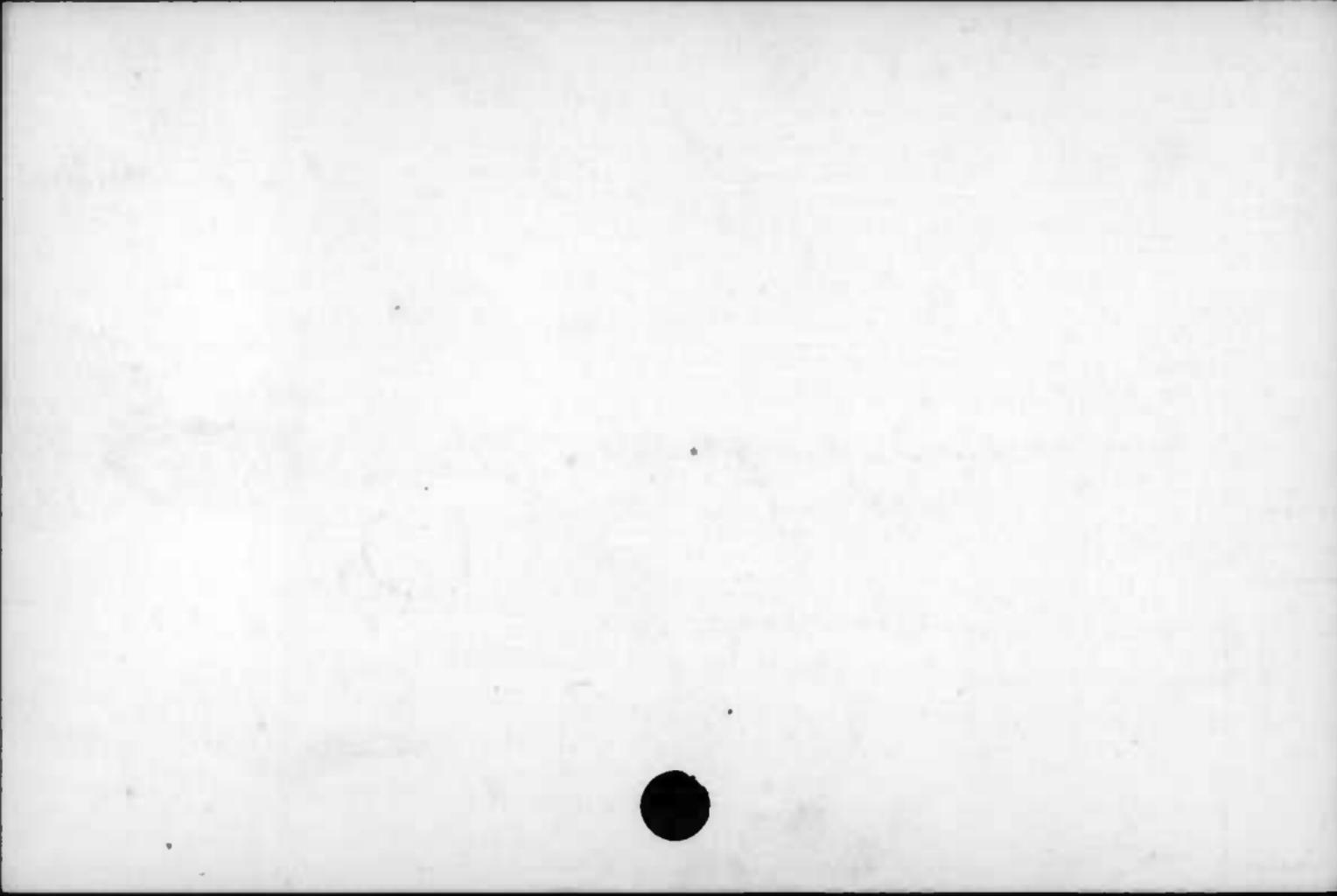
Signature of Physician

Address

Milton H. Easton undertaker  
Ellicott City

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary A. Fuecht

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	1908	Month July	Day 23	Years 66	Months 1
Sex	female	Color or Race	white	Birth-place	Frederick Co Md
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Husband	David L. Specht	Father's Birthplace	Frederick Co Md
Father's Name	Andrew Kessler	Mother's Maiden Name	Lucretia S. Lamar	Mother's Birthplace	Frederick Co Md
Name of person giving information	David L. Specht	How related to deceased			
		Husband			

CAUSES OF DEATH

91

Primary	Chronic Bronchitis	How long	over 2 yrs
Immediate	General prostration	How long	about 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Benj. F. Shifley, M.D.  
Alpha, Md.  
Howard Co Md.

